

Steppin' Into Soccer



Steppin' into Soccer is a program designed to introduce young children ages 3 to 4 and their parents to the game of soccer. Make sure your child gets off on the right (or left) foot, by letting our Dutch professional staff teach them the game in a fun way. They will learn how to dribble, pass, and how to score GOALS!!! Please have the children wear shin-guards and sneakers/ cleats. ***This class is for players ages 3-4 years.***

Session #3 – Winter II Classes:

\$145: Friday - 5:00pm-5:50pm – January 29th, February 5th, 12th, 19th, 26th, March 4th, 11th, 18th

\$145: Saturday - 8:00am-8:50am – January 30th, February 6th, 13th, 20th, 27th, March 5th, 12th, 19th

\$145: Saturday - 9:55am-10:45am – January 30th, February 6th, 13th, 20th, 27th, March 5th, 12th, 19th

\$145: Monday - 5:00pm-5:50pm – February 1st, 8th, 15th, 22nd, 29th, March 7th, 14th, 21st

\$145: Wednesday - 5:00pm-5:50pm – February 3rd, 10th, 17th, 24th, March 2nd, 9th, 16th, 23rd

All classes are held at **Soccer Centers** (300 Memorial Drive) in Somerset, NJ just a half mile off exit 12 off of Route 287. For more information about Soccer Centers visit www.SoccerCenters.com.

Cost - \$145 Per Player (8 Week Session)

Make checks payable to "Soccer Centers". Space is limited; registration is based on first come first serve at the Bridgewater Recreation Department. When signing up for more than one session or child, separate checks and registration forms are required.

Three ways to register!

- 1) In person at the Bridgewater Recreation Department (Municipal Building – 100 Commons Way - Bridgewater) 9am to 5pm Monday to Thursday 8am to 5pm Fridays,
- 2) Drop registration off in the "REC" mail slot located on Municipal grounds before or after office hours
- 3) Via postal service.

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Checks payable to "Soccer Centers"

Last Name (Participants)		First Name		Gender	
Mailing Address		Town		State	Zip
Home #		Cell # Parent		Work # Parent	
Email Address		Age & Date of Birth		Session # & Day & Time	

If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations.

☐ **Yes, I will need to be notified regarding special considerations for my child.**

This is a contact sport. Injuries may occur. Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

Parent/Guardian Signature

____/____/____
Date

Bridgewater Recreation Department 100 Commons Way – Bridgewater, NJ 08807 (908) 725-6373
office hours 9am to 5pm Monday to Thursday 8am to 5pm Fridays www.bridgewaternj.gov